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# TRANSMITTAL FORM

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Total Number of Pages in This Submission	5	Attorney Docket Number	650001-075
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**ENCLOSURES (check all that apply)**

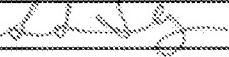
<input type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
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<b>Remarks</b>		

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm	Theien Reid Brown Rayman & Steiner LLP		
Signature			
Printed Name	Leah Sherry		
Date	April 24, 2007	Reg. No.	43,918

**CERTIFICATE OF TRANSMISSION/MAILING**

I hereby certify that this correspondence is being electronically filed in the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.

Signature	
Typed or printed name	LEAH SHERRY
Date	April 24, 2007

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